



SUMMARY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE BRIEFLY SUMMARIZES HOW WE HANDLE YOUR HEALTH INFORMATION. FOR FURTHER DETAILS OF OUR PRIVACY POLICIES AND PROCEDURES; PLEASE REFER TO OUR PATIENT HANDOUT.

1. How we may use and disclose your health information

We use health information about you for treatment, for administrative purposes and to evaluate the quality of the healthcare you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax or other methods. We may use or disclose information without your authorization for several reasons. But beyond those situations we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses or disclosures.

2. Your Rights

In most cases, you have a right to look at or obtain a copy of your health information that we use to make decisions regarding your care. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe that your health information is incorrect or that information is missing, you have a right to request that we amend the existing information or add the missing information.

3. Our Legal Duty

We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and to seek your acknowledgement of receipt of this notice. We may change our privacy policies at any time. Before we make a significant change in our privacy policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our privacy notice at any time. For more information about our privacy policies, please contact the person listed below.

4. Privacy Complaints

If you are concerned that we have violated your privacy rights, our privacy policies or if you disagree with a decision we made about access to your health information, you may contact the facility's Privacy Officer verbally or in writing or send a written complaint to the U.S. Secretary of Health and Human Services. The contact listed below can provide you with the appropriate address upon request. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.



MISSION STATEMENT

It is the mission of East Side Endoscopy to provide high quality gastrointestinal endoscopy services that meet the specific needs of individual patients in an environment that is safe, convenient and dedicated to quality.

In order to promote the highest quality of gastrointestinal endoscopy services, the Center will:

- Maintain a physical environment conducive to the provision of safe, efficient procedures.
- Ensure that safe and state of the art equipment and supplies are available for use by the Center's physicians and clinical staff.
- Recruit, hire, affiliate with and maintain relationships with qualified, skilled physicians, other clinical staff, administrative staff, support staff, and other providers.
- Provide an effective program of quality assurance and improvement.

It is the mission of the Center to serve all persons in need of gastrointestinal endoscopy services, regardless of age, color, race, creed, national origin, religion, sex, marital status, disability, payer source, or any other personal characteristic or qualification, including the ability to pay.

In order to accomplish this mission of service to all, the Center will:

- Concentrate on serving residents of the local communities in the immediate vicinity of its location, so as to satisfy the unmet needs of these communities, which originally led the Center to locate there.
- Attempt to make physicians and patients in its local community aware of its services and encourage the use of those services.
- Provide charity care to uninsured persons and persons without the ability to pay the entire charge for services.
- Develop, maintain and update, as necessary, a policy and process for serving uninsured persons and persons without the ability to pay the entire charge, and will develop, maintain and update a sliding fee scale considerate of the means of such persons, for use in such cases.
- Promote the accessibility of its services for all persons in need of these services, with particular emphasis on improving access for traditionally under-served populations, including ethnic minorities and persons of low-income status and operate at times that promote accessibility.
- Attempt to provide culturally-sensitive services, including services that assist individuals to overcome physical and language barriers, and encourage patients to freely offer opinions regarding how accessibility and service can be improved.



PATIENT RIGHTS AND RESPONSIBILITIES

The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal and receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor.

- If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
- If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

Respect

- Patients are treated with respect, consideration and dignity for both property and person.

Dignity/Privacy

- Patients are provided appropriate privacy and confidentiality including all information and records pertaining to the patient's treatment.
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

Consideration and Safety

- Receive care in a safe setting.
- Be free from all forms of abuse and harassment.

Confidentiality

- Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law or third party payment contract.

Information

- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis before the treatment or procedure is performed in terms the patient can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Patient conduct and responsibilities and participation.
- Services available at the organization.
- Provisions for after-hours and emergency care.
- Fees for services, eligibility for third party reimbursement and, when applicable, the availability of free or reduced cost care and receive an itemized copy of his/her account statement, upon request.

- Payment policies.
- The credentials of health care professionals.
- The patient will be informed of his/her rights prior to their procedure being performed both verbally and in a manner in which the patient or the patient's representative understands. The center must protect and promote the exercise of such rights.
- Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.
- Patients are provided with appropriate information regarding the absence of malpractice insurance coverage.
- Representation of accreditation to the public must accurately reflect the AAAHC accredited entity.
- Access to his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title.
- Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.
- Patient's right to refuse to participate in experimental research or refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions.
- The patient has the right to actively participate in decisions about his/her care.
- Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.
- Patients are informed of their right to change their provider if other qualified providers are available.
- Patients are given the opportunity to participate in decisions involving their care, except when such participation is contra-indicated for medical reasons.



East Side Endoscopy, LLC



Mount
Sinai
Beth Israel

PATIENT RIGHTS AND RESPONSIBILITIES (continued)

Patient Complaint/Grievance:

- The patient and family are encouraged to help the facility to improve its understanding of the patients environment by providing feedback, suggestions, comments and or complaints regarding the service needs and expectations.
- A complaint or grievance should be registered by contacting the center administrator and/or patient advocate through the State Department of Health or Medicare. The center will respond in writing with notice of how the grievance has been addressed.

Center Administrator

380 2nd Ave,
Concourse A
NY, NY 10010-5615
Phone: 212.375.1065

Medicare Beneficiary Ombudsman

1-800-MEDICARE
1-800-633-4227
medicare.gov/Ombudsman/resources.asp

New York Department of Health's Office of Health Systems Management

90 Church St.
15th floor
New York, New York 10007
Phone: 212-417-5927
Toll Free: 1 800.804.5447

The patient has the responsibility to do the following:

- Follow the treatment plan prescribed by his/her provider and participate in his/her care
- The patient is encouraged to ask any and all questions of the physician and staff in order that he/she may have a full knowledge of the procedure and aftercare.
- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Be respectful of all the health care providers and staff, as well as the other patients.

These rights and responsibilities are prominently displayed in the waiting area of the Center, and are also available, upon request, in an informational brochure.

Advance Directives

In accordance with NY State Public Health Law 2980-2994, we must inform you of the center policy on Advance Directives. Advance directives include but are not limited to a health care proxy, consent to a do-not-resuscitate (DNR) order recorded in your medical record and a living will.

Due to the fact that the East Side Endoscopy Center is an Ambulatory Surgery Center for the purpose of performing elective Endoscopy in a safe and uncomplicated manner, patients are expected to have an excellent outcome. If a patient should have a complication, the center staff will always attempt to resuscitate the patient and transfer that patient to a hospital in the event of deterioration.

If a patient should provide his/her Directive, a copy will be placed on the patient's medical record and transferred with the patient, should a hospital transfer be ordered by his/her physician. In order to assure that the community is served by this center, information concerning advance directives/Healthcare proxy and DNR orders is available at the center and:

Information on Advance Directives

Help Line: 800.658.8898 Multilingual Line: 877.658.8896

Email: caringinfo@nhpco.org Website: www.caringinfo.org

Physician Participation

This is to inform you that your physician may have ownership in this center:

Dr. Howard Antosofsky
Dr. Jason Bratcher
Dr. Michael Eng
Dr. Evin McCabe
Dr. Howard Siegel

Dr. Elliot Arons
Dr. Ira Breite
Dr. David Feldman
Dr. Babak Mohajer
Dr. Jerome Siegel

Dr. A. Lawrence Attia
Dr. William Brown
Dr. Timothy Johnson
Dr. Bharat Sanghavi
Dr. Ruvan Shein

Dr. Brett Bernstein
Dr. Anthony Chan
Dr. James Lax
Dr. Moushumi Sanghavi
Dr. William Winkler

Dr. Michael Blechman
Dr. Seth Cohen
Dr. Franklin Kasmin
Dr. Cary Schneebaum